

CLAIMS ONLY						Application Number <b>10736630</b>	Filing Date	
						Applicant(s)		
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1	1					51		
2		1				52		
3		1				53		
4						54		
5						55		
6						56		
7						57		
8		1				58		
9		1				59		
10	1					60		
11						61		
12						62		
13						63		
14						64		
15						65		
16		1				66		
17		1				67		
18		1				68		
19		1				69		
20						70		
21		1				71		
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43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
Total Indep	2					Total Indep		
Total Depend	19					Total Depend		
Total Claims	21					Total Claims		